I J R H

REMINISCENCES

Access this article online

Website:
www.ijrh.org

DOI:
10.4103/0974-7168.119120

Quick Response Code:

CCRH quarterly bulletin, volume 7 (1-4), (1985)

AUTHOR'S NOTE

As we pen down the reminiscences of the Quarterly Bulletin of 1985, it highlights the pathogenesis of various homoeopathic drugs with enormous proving symptoms. Also, the beauty and miraculous cure of a single simple remedy is brought about in the various abstracts quoted below. The literature seems to revive Hahnemann's era of clinical practice.

EDITORIAL

The editorial by Dr. V. P. Singh throws light upon the relevance of Law of simplex in the present times. Homoeopathy is based upon certain laws and principles which are explained in the Organon and the editor has taken references from the "*Lesser Writings*" by Hahnemann to quote its therapeutic utility.

"A single, simple remedy is always calculated to produce the most beneficial effects, without any additional means; provided it be best selected, the most appropriate, and in proper dose. It is never requisite to mix two of them together" forms the basis of the Law of Simplex.

Homoeopathy is based upon the symptoms produced by the substance on healthy human beings which when clinically verified justifies the relevance of Law of Similars.

The editor asks the readers, whether the mingling of two medicines really produces a profound action on the body, as seen in cases of various combinations prescribed which produce results that we may consider as a cure or mere palliation. According to him, "two dynamic agents together can never have an effect that both when given separately at different times would have – an intermediate action must ensue which could not have been foreseen beforehand – and this must be still more the case when several are given together;" for this, he gives three references from "*Lesser Writings*" of Hahnemann.

He craves for a valid explanation from those who prescribe multiple medicines or give medicines in quick succession and provide justification of their action by showing favourable results but without any plausible explanation. This polyprescription, according to him, in the light of law of similars, either seems to be a spontaneous cure or suppression. He quotes about the manufacturers who make profits by giving specifics for ailments like acne, menstrual disorders, cough etc., and whose sales are rocketing as a result.

At last, he wants to ascertain the action of the medicines given in quick succession or in combination, in tincture and lower dilutions independently first on lower animals and then on human beings to determine their collective pathogenesis for therapeutic utilisation.

PATHOGENESIS OF NEW DRUGS: FORMIC ACID

Formic acid, discovered by F. Fischer in 1670, is a colourless liquid with pungent odour and corrosive properties. The drug is available under the name *Formica rufa* and was originally proved by Lippe and Hering with tincture prepared from crushed live ants. The authors, Dr. Rastogi, Dr. Krishna Singh and Dr. V. P. Singh documents the proving symptoms of this drug with its therapeutic utility in chronic myalgia, muscular pains, gout, articular rheumatism,

tuberculosis, nephritis and as a diuretic. The proving of this drug was conducted at its two centers, located at Calcutta and Midnapore.

CUPRUM OXYDATUM NIGRUM, A PROVING REPORT

The author, Dr. Rastogi in this article presents an extensive proving report on *Cuprum Oxydatum Nigrum*. Cupric oxide (black copper oxide) occurs in nature as the minerals tenorite and paramelaconite, with brownish-black appearance in view of which *Nigrum* is appended to the name of the drug used in homoeopathy.

The homoeopathic literature available in Boericke's *Pocket Manual of Homeopathic Materia Medica* states its use for all kinds of worms, including tape worms and trichinosis, according to Zopfy's 60 years of experience.

A double-blind method was adopted to prove the efficacy of this drug at the two research centres on 27 (20 males, 7 females) healthy provers aged from 21 to 48 years, in 200CH and 6CH potencies. The protocol was followed judiciously, and placebo and drug groups were formed to distinguish between true and false pathogenesis. None of the symptom was elicited in 6CH potency.

The symptoms elicited in 200CH included diminished appetite, discomfort and restlessness in abdomen with loose mucoid stools and modalities as amelioration (by scratching and undressing) and aggravation (by warmth, night, covering, and scratching).

An important observation made was gain in body weight from 0.5 kg up to 7 kg in 13 provers of the drug group and from 1 kg to 7 kg in 6 provers of the placebo group. Amongst two provers who manifested morbid symptoms, weight loss of about 2 kg was observed in one of the provers with eosinophilia as high as 13% and there was manifestation of hook worm ova in his stool test.

Drug pathogenetic symptoms of *Cuprum oxydatum* include Amoebiasis, Helminthiasis, Diarrhoea, and in skin disorders like Urticaria.

The chapters recommended for the inclusion in Kent's *Repertory of Homeopathic Materia Medica* are Stomach, Abdomen, Stool, Back, Extremities and Skin.

STUDIES ON CYNODON DACTYLON, AN INDIGENOUS DRUG IN THE TREATMENT OF AMOEBIASIS

In this article, the author, T. K. De beautifully brings about drug picture of *Cynodon Dactylon*.

Cynodon dactylon is an indigenous drug which was administered to 240 cases of amoebiasis and with presence of Entamoeba histolytica in vegetative or cyst form in the stool for a period of 6 months.

Cynodon dactylon is known for its medicinal properties in treating diseases like hysteria, epilepsy, insanity, chronic diarrhoea and dysentery. However, a systemic record analysis of the clinical trial with the drug is not available in the literature. Therefore, the present study was undertaken to evaluate its clinical efficacy in gastrointestinal disorders. A random sample of 51 showed an encouraging relief with marked favourable changes as well as overall positive response irrespective of their age, sex and disease duration. The action of the drug was not deep, but the response rate could be increased with successive ascending potencies. The study further suggests that the response rate could be extended by increment of treatment duration, but no considerable difference in treatment outcome was observed between 3 and 6 months with no side effects reported during the course of the present study.

Fifty-one subjects out of 240 known cases were selected randomly for the study. The criteria for improvement included improvement of bowel conditions, having no irritable colon syndrome and the disappearance of ova or cyst from the stool. Improvement rate of the objective symptoms was low at the end of first month, which increased after the long duration of the treatment. About 71% of the subjects treated with mother tincture (Q) had shown an improvement rate of 47.2% initially at the end of the first month; the improvement rates were found to increase with the increment of treatment duration. It is assumed that the drug with low potency has less effect in treatment for long duration and the improvement rate is likely to be increased by using considerably successive ascending potencies. Examination of figures by mean time interval for two consecutive visits showed that the improvement rate was mostly decreased with increment of time interval. It may be assumed that the action of the drug is not deep and therefore, to

elicit the responses of the drug, administration of the same at short intervals may be required.

HOMOEOPATHIC DRUG STANDARDISATION AND HOW IMPORTANT IT IS FOR ENSURING QUALITY MEDICINE

The authors of this article Mrs. Raj J. and Dr. P. N. Varma highlights the drug standardization aspect and documents the importance of ensuring quality medicine.

Homoeopathic drug research covers pharmacognostic, phytochemical, and pharmacological studies of homoeopathic drugs, which involves standardisation of raw material and finished products (tinctures) to prepare the drug used in homoeopathic provings or clinical reports to give possible data for standards, which helps in checking the adulteration.

The various parameters of drug standardisation which are important for obtaining uniform standards include:

1. Name of the drug/remedy
2. Botanical name and synonym
3. Description: In case of plants, morphology describing the type of plant/herb/shrub/tree/fruit/leaves/roots/corolla, etc
4. Macroscopic and microscopic characters: These characters help in detecting the adulterants and stress should be laid on the diagnostic characters only by which a particular drug may be differentiated from other related drugs, rather than describing the drug to the minutest details.
5. Parts used: Whether the part used is in dried or fresh state, season of collection of the plant, age, etc., because these will reflect different structures microscopically
6. Distribution: Soil and environmental conditions in which the plant grows influence the morphological characters of the species and are therefore important for the study
7. Storage: It has a profound effect on the quality of mother tincture
8. Physiochemical analysis of the raw material and the finished product: Physicochemical analysis is required to determine the moisture content which is essential for the preparation of mother tincture and the extractive values in different solvents like alcohol, benzene, chloroform. However, analysis of the finished product to determine pH, refractive index, specific gravity, colour index, total solids and alcohol content, thin layer and paper chromatography, UV spectrophotometry, appearance and odour are required to recognise the quality of the raw material of the drug and its chemical constituents.

To conclude, the above cited parameters when accomplished leads to the successful drug standardization studies.

Asha Chowdhry, Ritika Hassija Narula[1]

Department of Anatomy, Dr. B. R. Sur Homoeopatic Medical College Hospital and Research Centre, New Delhi,
[1]Senior Research Fellow (H), Central Council for Research in Homoeopathy, Janakpuri, Delhi, India.
E-mail: asha.dr@hotmail.com

How to cite this article: Chowdhry A, Narula RH. CCRH quarterly bulletin, volume 7 (1-4), (1985). Indian J Res Homoeopathy 2013;7:137-9.

Source of Support: Nil, **Conflict of Interest:** None declared.